

No. 2  
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5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 4 1945** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

36974

State File No. \_\_\_\_\_  
Registrar's No. 262

Registration District No. 77 Primary Registration District No. 3016

**1. PLACE OF DEATH:**  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hrs.  
In this community \_\_\_\_\_ years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Cole  
(c) City or town Toas, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Toas, Mo. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Raymond John Prenger  
3. (b) If veteran, name war World War #2 3. (c) Social Security No. 497-20-8938

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Nov day 25 year 1945 hour 5 minute 25 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 22, 1922  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-25-45 to 11-25-45  
that I last saw him alive on 11-25-45 and that death occurred on the date and hour stated above.

**8. AGE:**  
Years 23 Months 5 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death skull fracture Duration 2 hrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Toas, Mo. Cole Co. (City, town, or county) (State or foreign country)  
10. Usual occupation Truck Driver & Farmer

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Albert Prenger  
13. Birthplace Toas, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Frock  
15. Birthplace Toas, Mo. (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

16. (a) Informant Mrs Albert Prenger  
(b) Address Toas, Mo.  
17. (a) Burial (b) Date thereof 11/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 11-25-45  
(c) Where did injury occur? Jefferson City Cole Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place in public place?  
Public place  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Subway

(c) Place: burial or cremation Toas, Mo Cemetery  
18. (a) Signature of funeral director Victor Buesche  
(b) Address Jefferson City, Mo.  
19. (a) 11-27-45 (b) R. P. Morris  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M.D. or other)  
Address 629 Jefferson Date signed 11-26-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

16 37

(Licensed Embalmer's Statement on Reverse Side)

1945

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 12-3-45

DEC 10 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10ec  
Registrar's No. 262

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Raymond J. Prenger  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased June 2 2 (Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days \_\_\_\_\_ (less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1945 Hour \_\_\_\_\_ minute \_\_\_\_\_ M. 5

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. (Immediate cause of death) \_\_\_\_\_ Duration \_\_\_\_\_

Due to Auto collision  
tree

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 1700-8

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) Jefferson  
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Yes 50+ Kic Lacty Street  
While at work? No (Specify type of place) (e) Means of injury Outward

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address 626 Jefferson Date signed 12-7

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

36974

AUG 28 1946

FEB 25 1946